

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Charles Day
11 Doyers Street
New York, NY. 10013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

L. L. L.

C. Date of Delivery

6/5

☐ Agent

☐ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

FILED
HARRISBURG, PA

JUL 10 2003

MARY E. D'ANDREA
Per *[Signature]*
Deputy Clerk

00-1901

NHC